

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. | FILING DATE | |
|--------------|----------|------|------------------------|------|------------------------|--------------|--------------|---|
| | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
| 1 | | | | | | | 51 | |
| 2 | | / | | | | | 52 | |
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| 50 | | | | | | | 100 | |
| TOTAL IND. | 3 | | | | | | TOTAL IND. | |
| TOTAL DEP. | 19 | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | 21 | | | | | | TOTAL CLAIMS | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS